

## Mandatory Scored Questions

**Offerors must answer all the questions in this spreadsheet in the cell provided.**

**Failure to answer these questions will result in disqualification of the proposal.**

Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description, along with any required supporting materials, will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. ONLY upload documents if there is a Yes in the "Upload Attachs with Additional Information?" column, to provide additional information about specific questions. Documents not requested in this column will not be evaluated.

**DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.**

Question #	Questions per Proposal Factors/Categories	Response by Offeror	Upload Attachs with Additional Information?	Attachment File Name
<b>Experience</b>				
1	Offeror must possess a minimum of 5 years of documented experience providing contract management services with a similar scope of services.	Since our establishment the agency has provider similar scope of services for women in need.	Yes	Experience Providing Contract Management Services.doc
2	Offeror must submit a list of all clients for whom similar services, as detailed in this RFP, have been provided during the past three years. The list must include: dates of service, name of contact person, title of contact person, address, and phone number of contact person	Attached is the list of Clients with similar services	Yes	Clients with Similar Services.doc
3	Offeror must provide at least 3 references from former clients to whom they provided contract management services with a similar scope of service to those in this solicitation. Each reference must include the following: client name, contact person, phone number, email address, and the scope of service	Attached is a list of references were we provided contract management services.	Yes	Contract Management References.doc
4	Offeror must disclose any services terminated by the client(s) and the reason for termination	Attached is a disclosure in reference to any services terminated.	Yes	Disclosure Statement.pdf
<b>Financial Stability</b>				
1	Offeror must provide a copy of the most recent audited financial report if a public company. The offeror must, if not a public company, provide a copy of the most recent internal financial statement and a letter from their financial institution stating the offeror's financial stability. The letter must be on the financial institution's letterhead.	Attached is the agency's most recent internal financial statement.	Yes	Columbus Wellness Financial Statements.pdf Wells Fargo Statement.pdf
2	Offeror must disclose any pending or current litigation against their company. If None type "None" in the comments section.	None	Yes	Litigation and Bankruptcies.doc
3	Offeror must disclose any bankruptcies filed in the last ten years. If None type "None" in the comments section.	None	Yes	Litigation and Bankruptcies.doc
<b>Organization Composition</b>				

1	Offeror must be a 501 (c)(3) organizaton, including having a board that hires and supervises the agency's director and provides oversight for organizational operations.	The offeror is a 501(c)(3) organization with a board that hires and supervises the agency's director and provides oversight for organizational operations. Attached is a copy of the offeror's 501(c)(3) and a list of Board of Directors.	Yes	501 c 3.doc Board of Directors.doc
	<b>Technical Requirements</b>	<b>A</b>		
1	Offeror must describe their approach to creating and administering a grant application process, including announcement, review and administration.	<p>directed to your:</p> <ul style="list-style-type: none"> <li><input type="radio"/> A. Fellow reviewers</li> <li><input type="radio"/> B. Chair</li> <li><input type="radio"/> C. Georgia Department of Public Health</li> <li><input type="radio"/> D. Coworkers</li> </ul> <p>8. The providers' budget may include the following allowable expenditures except:</p> <ul style="list-style-type: none"> <li><input type="radio"/> A. Postage and delivery- (for direct correspondence to Pregnancy Support Clients)</li> <li><input type="radio"/> B. Fees and dues related to professional or occupational licenses</li> <li><input type="radio"/> C. Office supplies -As related to direct program services</li> <li><input type="radio"/> D. Printing- As related to the contract</li> <li><input type="radio"/> E. Bus passes- Expense above reimbursement for client transportation to and from provider and health care provider</li> </ul> <p>9. Provider applications must demonstrate the ability to protect the confidentiality of Eligible Clients' personal health information in accordance with HIPPA.</p> <ul style="list-style-type: none"> <li><input type="radio"/> A. True</li> <li><input type="radio"/> B. False</li> </ul> <p>10. Provider applications must demonstrate</p> <ul style="list-style-type: none"> <li><input type="radio"/> A. A plan for reaching eligible clients</li> <li><input type="radio"/> B. A plan for advertising pregnancy related services</li> <li><input type="radio"/> C. Annual revenue for the prior year</li> <li><input type="radio"/> D. The number of medically indigent women who were provided pregnancy related services served during the prior year</li> <li><input type="radio"/> E. All of the above</li> </ul>		

2	<p>Offeror must describe their approach to evaluating provider grant applications on a competitive basis and recommending providers to DPH.</p>	<p>I. Conflict of Interest Statement indicating the reviewer does not have or display any action in the application review or awarding process which would affect, or could appear to affect, the reviewer's financial interest, or would cause the reviewer's impartiality in the application process to be question. 2. W-9</p> <p>B. Application Evaluation and Reviewing Process: Following the selection of the review panel, a designated time frame will be given for the reviewing and scoring process. The chair will address all questions and serve as the liaison with the grant management agency. Assignment sample:</p> <p>C. Role FName LName Email Rgn Phone Number        Chair Jane Doe janedoe@outlook.com 3 983-539-1678        Reviewer Alex Sofa sofa@yahoo.com 4 908-225-5221</p> <p>App# Provider County        PAPP01 Family First Glynn        PAPP02 Pregnancy Partnership Charleston        PAPP03 Only Way Resource Center Fulton        PAPP04 Pink and Blue Coalition Richmond        PAPP05 North Georgia Baptist Resource Center Butt        PAPP06 Archbishop Pregnancy Resource Center Clay        PAPP07 The Mother Foundation Gwinnett</p> <p>We do acknowledge the grouping and assigned provider applications will be based upon the final qualified applications submitted.</p>		No
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3	<p>Offeror must describe their approach to selecting qualified providers to participate in the program.</p> <p><input type="checkbox"/> Maintain confidentiality of all data, files, and records of Eligible Client related to the services provided and in compliance with state and federal laws.</p> <p><input type="checkbox"/> Demonstrates the ability to offer all eight pregnancy support services:</p> <ul style="list-style-type: none"> <li>_____ Medical care and information, including but not limited to pregnancy tests, sexually transmitted infection tests, other health screening, ultrasound service, prenatal care, and birth classes and planning;</li> <li>_____ Nutritional services and education;</li> <li>_____ Housing, education, and employment assistance during pregnancy and up to one year following a birth;</li> <li>_____ Adoption education, planning, and services;</li> <li>_____ Child care assistance if necessary for the client to receive pregnancy support services;</li> <li>_____ Parenting education and support services for up to one year following a birth;</li> <li>_____ Material items which are supportive of pregnancy and childbirth including, but not limited to, cribs, car seats, clothing, formula, or other safety devices; and</li> <li>_____ Information regarding health care benefits, including but not limited to, available Medicaid coverage for the client for pregnancy care that provides health coverage for the client's child upon his or her birth.</li> </ul>		
4	<p>Offeror must describe their approach to communicating written acceptance or denial of grant applications that have been approved by DPH, to Direct Client Service Providers.</p> <p>The approach to communicating written acceptance or denial of grant applications that have been approved by DPH to Direct Client Providers will begin immediately following DPH notification of their approval of the Providers. The written acceptance correspondent will be by U. S. Mail or email with the appropriate contract information and instructions. If by email notification all Providers will be required to submit hard copies signature signed contracts to execute the contract fully. The denial notifications will be delivered by U. S. mail with contact information if there are any questions or concerns. A copy of the screening and scoring form will be provided if request.</p>	No	
5	<p>Offeror must describe their approach to monitoring the continual compliance with the subcontract and ensuring that providers fulfill all subcontract requirements.</p>	No	

Offeror must describe their approach to processing, inspecting, reviewing, and approving subcontractors' budgets, invoices for payment, and documentation of expenditures.	<p>Approach to processing, inspecting, reviewing, and approving subcontractors' budgets, invoices for payment, and documentation of expenditures.</p> <p>The approach to the processing, inspecting, reviewing and approving of the expenditures will be a four tier process.</p> <p><b>Tier One: Pregnancy Support Provider</b>  The supervisor of the Executive Director or the expenditure reporting party must review and approve all with signature before submission. The report will be submitted to the Regional Liaison.</p> <p><b>Tier Two: Regional Liaison</b>  The Regional Liaison is required to inspect, review and approve the expenditure report. If corrections are warranted they will professionally return the report by email notification with the questionable error(s) on the reports or invoices. To ensure a timely turn around the expenditure report will be reviewed, approved or returned within 48 hours. After approval submission will be forward to the Compliance Monitors.</p> <p><b>Tier Three: Compliance Monitors</b>  Each Regional Liaison will review, proof and approve each expenditure report, if corrections are needed it will be returned to the Regional Liaison. Without corrections will be approved then forward to the Director.</p> <p><b>Tier Four: Director</b>  The Director will review, approve and forward the expenditure report to the Department of Public Health within 48 hours, also. (This process will allow the providers expenditure reports to be submitted within five (5) business days to the Department of Public Health).</p>		No
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7	<p>Offeror must describe their approach to maintaining records for each grant applicant and award.</p> <p><input type="checkbox"/> Demonstrates the ability to offer all eight pregnancy support services:</p> <ul style="list-style-type: none"> <li>_____ Medical care and information, including but not limited to pregnancy tests, sexually transmitted infection tests, other health screening, ultrasound service, prenatal care, and birth classes and planning;</li> <li>_____ Nutritional services and education;</li> <li>_____ Housing, education, and employment assistance during pregnancy and up to one year following a birth;</li> <li>_____ Adoption education, planning, and services;</li> <li>_____ Child care assistance if necessary for the client to receive pregnancy support services;</li> <li>_____ Parenting education and support services for up to one year following a birth;</li> <li>_____ Material items which are supportive of pregnancy and childbirth including, but not limited to, cribs, car seats, clothing, formula, or other safety devices; and</li> <li>_____ Information regarding health care benefits, including but not limited to, available Medicaid coverage for the client for pregnancy care that provides health coverage for the client's child upon his or her birth.</li> </ul> <p>The awarded provider applications will also be added as a separate electronic file to include the screening forms and the scoring forms (site visit form) with comments from the reviewers if applicable.</p>	No	
8	<p>Offeror must describe their approach to coordinating activities and correspondence between the DPH and Direct Client Service Providers.</p> <p>Each monthly report will be required to provide the following which will assist in coordinating activities and correspondence between DPH and Direct Client Services Providers</p> <p>Successes and accomplishments this reporting period            Challenges faced and how they were addressed            Staffing Changes this reporting period            Upcoming Events and Schedule            Technical Assistance needs            Volunteer Training            Number of New Volunteers</p> <p>All activities will be coordinated through the Regional Liaison, to be included in the monthly progress reports which will be forward to DPH. Coming events are to be included in the monthly report for DPH and the Regional Liaison attendance if possible.</p>	No	

9	<p>Offeror must describe their approach to developing and implementing an evaluation plan to monitor progress and outcomes for the proposed Pregnancy Support Services.</p>	<p>cumulative total including this period Number remaining to be attained  (A) (B) (A) minus (B)</p> <p>Example:  Indigent Women 600 52 364 226</p> <ul style="list-style-type: none"> <li>1. Pregnancy tests</li> <li>2. Sexually transmitted infection tests</li> <li>3. Health screenings</li> <li>4. Ultrasound services</li> <li>5. Prenatal care</li> <li>6. Birthing classes</li> <li>7. Nutritional services and education</li> <li>8. Housing, education, and employment assistance during pregnancy and up to one year following a birth</li> <li>9. Adoption education, planning, and services</li> <li>10. Child care assistance</li> <li>11. Parenting education and support services</li> <li>12. Material items which are supportive of pregnancy</li> <li>13. Medicaid coverage</li> <li>14. Other Pregnancy Services</li> </ul> <p>The above form will be provided with the tracking and progress for the program in which all parties will have a monthly effort of monitoring the success of the program.</p> <p>Satisfactory surveys will be created for follow up on pregnancy outcomes, which will require contact of clients at six, nine, twelve and eighteen months. The preferred method of contact will be phone, (confidentiality is of great concern when the follow up is depend upon a correct and current phone number)</p>		No
	<b>Staffing</b>			

1	<p>The offeror must provide an organizational chart including all staff that will be used in the course of the resulting contract showing reporting relationships within their organization and a biography for agency director.</p>	<p>New Horizon Community Service Board. The facility was supported by Georgia Department of Human Resources targeting pregnant mothers with substance abuse use. As young poor women of Columbus were newly diagnosed with HIV they were being refused medical care and sent home to die. Ms. Rhodes consulted with two agencies in the state serving women in Atlanta and Savannah that provided women with knowledge on their illness and advocacy skills. This led to the creation of the first youth program (Extended Outreach) for children with a parent with a HIV diagnosis. Ms. Rhodes is instrumental in designing programs that are high impact, participant driven, deliverable achievable and grassroots for the community. Women's health has been the forth front quest of Ms. Rhodes to assist women in living a healthier quality of life for oneself and their children. Always on the front line through presentations, seminars, workshops and one-on-one girl-talk, women have gained knowledge to assist them in making healthier choices.</p> <p>In September 2001, Ms. Rhodes began managing a federal contract from the Office on Women's Health with sub-award agencies. Her management of sub-awards grantees includes contracts with the State of Georgia, Office of Adolescent Health, Inner Summit, Inc., Muscogee County Emergency Food and Shelter Program (United Way) and West Central Georgia Cancer Coalition. Under her leadership the agency's financial accountability checks and balances is safeguarded with the bookkeeping, payroll and tax liability as the responsibility of Expert Accounting and Wells Fargo Opt-Right Payroll Solutions. Annual 990's and financial statements are contracted with Albright, Fortenberry, Ninas, LLC, CPA of Columbus, Georgia. Tabb and Tabb, LLC, CPA of Atlanta, Georgia provides the independent audit as required by the Single Audit Act Amendment of 1996 in accordance with OMB Circular A-133. The agency has successfully managed foundations, state and federal funded programs from 1996 to 2015 and is determined to be a low risk auditee in our most recent Federal Single Audit.</p>	Yes	Organizational Chart.pdf
<b>Implementation</b>				
1	<p>The offeror must submit an implementation plan in response to this RFP to ensure a smooth transition of services to be provided under the new contract. The implementation plan shall include all tasks to be performed and milestone dates.</p>	<p>The offeror has attached an implementation plan that will demonstrate the transition of services to be provided under this new contract. The implementation plan includes all activities, staff members who are responsible for tasks and activities and timeline of completion of activities and tasks.</p>	Yes	
2	<p>The offeror must describe their approach to develop and implement direct service provider contracts within 30 days of contract execution date.</p>	<p>The approach to developing and implementing direct service provider contracts within 30 days of contract execution date will begin its starting cycle during the application review process. It is important to provide notification to direct service providers as soon as possible, as indicated in the application their plan to ensure implementation will consist of a review on systems check list to ensure all requirements are met and their service plans for the women are in place.</p>	No	
<b>Reporting</b>				

1	Offeror must describe its ability to collect and report appropriate documentation as required by DPH.	The agency's ability to collect and report appropriate documentation required by DPH is based on our history of successfully reporting to state, federal and foundation since 1990. CWCOPP has collected data, documents, and provide reporting to Georgia Department of Human Resources; Office on Women Health; West Central Georgia Cancer Coalition; Georgia Department of Community Health; United Way EFSP; Office of Adolescent Health; Georgia Office of Highway and Safety; and Georgia Department of Public Health.	No	
2	Offeror must describe its ability to submit timely and complete quarterly and end of the year programmatic reports.	The agency has successfully submitted timely and completed reports to the following:  Georgia Department of Public Health Monthly Reporting and Annually Office on Women Health Biannually and Annually Georgia Department of Community Health Monthly Reporting and Annually West Central Georgia Cancer Coalition Monthly Reporting and Annually Department of Human Resources Monthly Reporting and Annually Office of Adolescent Health Biannually and Annually United Way EFSP Biannually and Annually Office of Highway Safety Annually	No	
3	The offeror must provide samples of all available standard reports.	The offeor has provided samples of all available standard reports in an attached file.	Yes	Swagga and Lace Year 4 Progress.pdf Report CWCOPP Expense.doc Invoice_CWCOPP Invoice.pdf